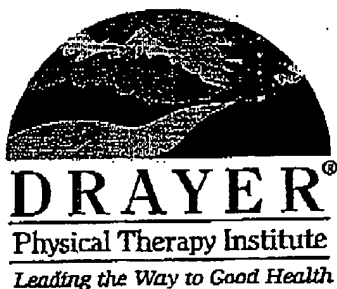


RECEIVED  
CENTRAL FAX CENTER

DEC 07 2006

MT. STERLING CENTER  
624 North Maysville Road, Suite C  
Mt. Sterling, KY 40353  
Phone: 859-499-4351  
Fax: 859-499-4321

## Fax

To: Office of Initial Patent Exam From: Ron Handshoe  
Fax: \_\_\_\_\_ Date: 12/07/06  
Phone: \_\_\_\_\_ Pages: 2 Including Coversheet.  
Re: \_\_\_\_\_ CC: \_\_\_\_\_

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

\*Comments:

Office of Patent Exam,

Thank you,

Ron Handshoe

\*\*\*\*\*IMPORTANT NOTICE\*\*\*\*\*

THIS FACSIMILE MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND/OR OTHERWISE PROTECTED FROM DISCLOSURE TO ANYONE OTHER THAN ITS INTENDED RECIPIENT(S). ANY DISSEMINATION OR USE OF THIS FACSIMILE OR ITS CONTENTS BY PERSONS OTHER THAN THE INTENDED RECIPIENT(S) IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE OR BY A FACSIMILE SO THAT WE MAY CORRECT OUR INTERNAL RECORDS. PLEASE THEN SHRED AND DISPOSE OF THE FACSIMILE. THANK YOU.

\*\*\*\*\*

**RECEIVED  
CENTRAL FAX CENTER**

**DEC 07 2006**

PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                    |
|------------------------|--------------------|
| Application Number     | 10/072,485         |
| Filing Date            | 02/07/2002         |
| First Named Inventor   | Ron Handshoe       |
| Art Unit               | 3764               |
| Examiner Name          | Mrs. Baker-Amerson |
| Attorney Docket Number | HANK 0101 PUS      |

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

|  |                          |       |                          |
|--|--------------------------|-------|--------------------------|
| <input checked="" type="checkbox"/> Firm or<br>Individual Name | Ron Handshoe             |       |                          |
| Address  | 127 Woodford Drive       |       |                          |
| City   | Winchester               | State | Kentucky Zip 40391       |
| Country  | United States of America |       |                          |
| Telephone  | (859) 745-7840           | Email | www.Amy.Handshoe@AOL.com |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE OF Applicant or Assignee of Record**

|           |                     |                          |
|-----------|---------------------|--------------------------|
| Signature | <i>Ron Handshoe</i> |                          |
| Name      | Ron Handshoe        |                          |
| Date      | 12/01/06            | Telephone (859) 745-7840 |

NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**BEST AVAILABLE COPY**